

V. LOUISIANA STATE HEALTH CARE SYSTEM

A. ANALYSIS OF HEALTH CARE IN LOUISIANA

In *Health Care State Rankings for 2002*¹, Louisiana ranked 49th, second worst in the nation in health indicators. According to this report, Louisiana ranked 2nd in the nation in diabetes death rate (38.6 deaths per 100,000 population) and 2nd in the percent of births by cesarean section (26.8% of live births). Louisiana's performance related to prenatal care is dismal, with Louisiana ranking 2nd in the percentage of low birth weight babies (10.3% of live births), 5th in the rate of neonatal deaths (5.9 neonatal deaths per 1,000 live births), and 4th in the rate of infant mortality (9.3 infant deaths per 1,000 live births). Louisiana ranks 15th in the percent of women receiving late or no prenatal care and 28th in the percent of African-American women receiving prenatal care in the first trimester. Similarly, Louisiana's breast cancer and cervical cancer rates for African-American women exceed the national rates. The rate for white women is generally below the national norm.

Accessibility and availability of primary care practitioners (family practice, general practice, internal medicine, pediatrics, and obstetrics/gynecology) also pose a significant problem in the delivery of health care in the state. As of January 2001, the Bureau of Health Care Delivery and Assistance recognizes 66 primary care shortage areas in the state: 26 geographic areas, 20 population groups, 14 sub-areas, and six facilities. Of the 26 whole-parish designations, 24 are non-metropolitan parishes.

In lieu of a primary care physician, many people seek care at hospital emergency rooms. In 2000 Louisiana ranked 17th highest nationally in the number of emergency outpatient visits to community hospitals. There were 2,143,846 emergency outpatient visits to hospitals in Louisiana. In addition to confirming the shortage among physicians and nurses, other occupations identified as posing a general supply problem in the state include dentists (in *Health Care State Ranking 2000*). The American Dental Association statistics report 44 dentists per 100,000 population in Louisiana in 1998 - lower than the national rate of 60), hygienists, physician assistants, pharmacists, nutritionists, audiologists, social workers, public health personnel, physical therapists, and medical technologists.

Louisiana has attempted to address the problems associated with health professional shortages over the years in many ways. State schools of medicine, nursing schools, and schools of allied health professions have been mandated to cooperate, in collaboration with the <u>Louisiana Area Health Education Centers</u>, to improve and expand programs for non-metropolitan and other health professional shortage areas.

Hundreds of thousands of dollars of state funds have in the past been allocated to capture federal dollars for professional development initiatives, including scholarship programs for students who will return to

¹ Morgan, K.O. and Morgan, S. (Eds.) 2002. *Health Care State Rankings 2002: Health Care in the 50 United States.* (10th Ed.) Lawrence, KS: Morgan Quitno Press.

health professional shortage areas, and loan repayment programs for medical professionals to practice in shortage areas in exchange for payment of professional education loans. However, during FY 99/00 only continuation funding was appropriated to continue the contracts with the health care providers through the State Loan Repayment Program (SLRP). The SLRP is a program with federal dollars that match the state investment in recruitment and retention of health care providers to serve underserved people.

Louisiana **must continue** aggressively to attack the health professional shortage problem to meet the existing health needs of its residents. Lack of access to appropriate care in their communities is resulting in many ill persons becoming patients at state hospitals. These same individuals could be served better if there were more outpatient primary care facilities available and accessible in their own areas. Ensuring appropriate and adequate primary care facilities can take place only if there are available physicians, nurses, and other health care professional to staff the facilities, and state financing to support these providers.



B. LOUISIANA HEALTH CARE STATISTICS

Percent of State Population Rece	iving Medicaid in 2000 ²
Alabama	13.8%
Arkansas	15.8%
Louisiana	16.2%
Mississippi	19.2%
Texas	9.2%
United States	11.9%
Percent of State Population Not Covered	l by Health Insurance in 2000 ²
Alabama	13.5%
Arkansas	13.9%
Louisiana	19.1%
Mississippi	13.1%
Texas	21.5%
United States	14.0%
Number of Emergency Outpatient Visits to	Community Hospitals in 2000 2
Alabama	2,070,702
Arkansas	1,170,079
Louisiana	2,254,789
Mississippi	1,478,883
Texas	7,375,580
United States	103,144,030
Percent of State Population Enroll	ed in Medicare in 2000 ²
Alabama	15.2%
Arkansas	16.3%
Louisiana	13.4%
Mississippi	14.5%
Texas	10.6%
United States	13.6%
Number of Health Maintenance Organizations (HMOs), Louisiana, 200	01 ² 12
Percent of Population Enrolled in HMOs, Louisiana, 2001 ²	15.6%
Number of Nurses, Louisiana, 2001 ³	38,058
Number of Physician Assistants, Louisiana, 2001 4	230

²Morgan, K.O. Morgan, S. and Uhlig, M. (Eds.). 2002. *Health Care State Rankings 2002: Health Care in the 50 United States* (10th Ed.) Lawrence, KS: Morgan Quitno Press.

³ Louisiana State Board of Nursing.

⁴ Louisiana State Board of Medical Examiners.



C. LOUISIANA HEALTH CARE ACCESS

Number of Hospitals and Beds Louisiana, 2000					
Type of Hospital Hospitals Beds					
Acute	111	19,599			
Children's	2	246			
Critical Access	9	206			
Long Term	27	1,624			
Psychiatric	16	2.181			
Rehabilitation	29	652			

Source: Health Standards Section, Bureau of Health Financing

Health Facilities			
Louisiana, 2000			
Type of Facility	Number		
Alcohol/Drug Abuse Facilities	175		
Community Health Centers	35		
State Developmental Centers	9		
Hospitals	194		
Mental Health Clinics	36		
Rural Health Clinics	51		
Public Health Units	109		

Source: Health Standards Section, Bureau of Health Financing

Licensed Nursing Home Statistics			
Louisiana, 2000			
Number of Nursing Homes	304		
Number of Beds			
Licensed Beds	40		
Medicaid	37,697		
Average Occupancy (Medicaid)	78.7%		

Source: Health Standards Section, Bureau of Health Financing

Lack of Access to Primary Care*					
Louisiana, Neighboring States, and United States, 2001					
State Percent Rank**					
Alabama	23.3	3			
Arkansas 11.0 24					
Louisiana 19.6 6					
Mississippi	27.5	1			
Texas 14.1 15					
United States	10.9	-			

^{*}Lack of Access to Primary Care measures the percent of population areas where the population is underserved by primary care practitioners residing in designated Health Manpower Shortage Areas.

Source: Morgan, K.O. and Morgan, S (Eds.). 2002. Health Care State Rankings 2002: Health Care in the 50 United States. (10th Ed.) Lawrence, KS: Morgan Quitno Press.

^{**}Rank reflects worst (lowest) to best (highest).

D. MEDICAID

Medicaid, or Title XIX of the Social Security Act, became law in 1965 as a jointly funded cooperative venture between the federal and state governments. Its purpose was to assist states in the provision of adequate medical care to eligible individuals and families with low incomes and resources. Within broad, federally provided national guidelines, Louisiana has autonomy in establishing its own eligibility standards; determining the type, amount, duration, and scope of services; setting the rate of payment for services; and administering its own program.

As the largest provider of medical and health-related services to America's poorest people, Medicaid includes funding for these basic health care programs: inpatient and outpatient hospital services; laboratory and X-ray services; skilled nursing and home health services; doctors' services; family planning; and periodic health checkups, diagnoses, and treatments for children.

Medicaid recipients fall into several categories of eligibility: the aged, blind and disabled people on Supplemental Security Income, certain low-income pregnant women and children, and people who have very high medical bills.

According to the Annual Report Data Set for the State Fiscal Year (SFY) 2000/2001, 781,073 Louisianians benefited from services provided through Medicaid Funding. The following tables from the Bureau of Health Financing (Medicaid) illustrate the use of Medicaid Services in Louisiana.

Medicaid Statistics, Louisiana, 2000-2001				
	Total Number of	Total Number of		
	Recipients	Payments		
Total	781,073	\$2,821,510,783.58		
Blind/Disabled	147,540	\$1,344,866,807.70		
Male	311,964			
Female	465,709			
Other /Unknown Gender	3,400	\$11,863,567.87		
White	265,979			
Black	460,646			
Other/Unknown Race	53,281			

Source: Bureau of Health Financing (Medicaid), Annual Report Data Set for SFY(June 1, 2000-July 31, 2001)



Medicaid Statistics, Louisiana, 2000-2001					
Age Group	Total Number of Recipients	Total Payments			
Under 1	54,929	\$211,341,818.76			
1 - 5	171,513	\$196,282,672.31			
6 - 14	192,538	\$227,146,327.99			
15 - 20	83,070	\$211,914,637.74			
21 - 44	125,604	\$693,306,069.24			
45 - 64	65,343	\$579,380,398.31			
65 - 74	35,481	\$212,957,093.15			
75 - 84	31,276	\$264,090,841.69			
85+	21,319	\$225,090,924.39			

Source: Bureau of Health Financing (Medicaid), Annual Report Data Set for SFY(June 1, 2000-July 31, 2001)

The following tables compare Louisiana's Medicaid statistics to those of its neighboring states.

	Medicaid Statistics							
	Louisiana, Neighboring States, and United States, Fiscal Year 1999- 2000							
	Medicaid Percent of Population Medicaid Medicaid							
State	Enrollment	Enrolled in Medicaid	Expenditures	Expenditures per enrollee				
	2000	2000	1999	1999				
Alabama	614,359	13.8%	\$2,438,540,244	\$3,754				
Arkansas	423,342	15.8%	\$1,460,724,048	\$3,023				
Louisiana	724,135	16.2%	\$3,282,146,476	\$4,236				
Mississippi	547,496	19.2%	\$1,805,174,518	\$3,315				
Texas	1,923,799	9.2%	\$10,398,353,951	\$3,866				
United States	34,471,373	11.9%	\$180,948,767,296	\$4,302				

Source: Morgan, K.O. and Morgan, S (Eds.). 2002. Health Care State Rankings 2002: Health Care in the 50 United States. (10th Ed.) Lawrence, KS: Morgan Quitno Press.

Medicaid Statistics Louisiana, Neighboring States, and United States, Fiscal Year 1997- 1999					
Percent Change in Expenditures Percent Change in Expenditures Medicaid Enrollee					
Alabama	10.8%	-6.9%			
Arkansas	11.2%	-14.8%			
Louisiana	7.4%	3.5%			
Mississippi	6.0%	-1.8%			
Texas	8.3%	2.7%			
United States	12.7%	6.5%			

Source: Morgan, K.O. and Morgan, S (Eds.). 2002. Health Care State Rankings 2002: Health Care in the 50 United States. (10th Ed.) Lawrence, KS: Morgan Quitno Press.

E. MEDICARE

Medicare is the nation's largest health insurance program, covering over 38 million Americans at a cost of just under \$200 billion. Medicare provides health insurance to people who are at least 65 years old, the disabled, and those with permanent kidney failure. People who receive Social Security or Railroad Retirement benefits are automatically enrolled when they become eligible for Medicare. Others must apply at their local Social Security offices.

Medicare has two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Medicare Part A helps pay for inpatient hospital services, skilled nursing facility services, home health services, and hospice care. Medicare Part B helps pay for doctor services, outpatient hospital services, medical equipment and supplies, and other health services and supplies. Many Medicare beneficiaries choose to enroll in managed care plans like health maintenance organizations. These beneficiaries are eligible for both Part A and Part B benefits in most managed care plans. In 2000, according to "Health Care State Rankings," Louisianians enrolled in the Medicare program numbered 597,485.

Medicare Statistics Louisiana, Neighboring States, and United States, Fiscal Year 2000							
State	Medicare Percent of Pop. Medicare Medicare						
State	Enrollment	Enrollment Enrolled in Medicare Payments Payments per en					
Alabama	676,569	15.2%	\$3,884,939,060	\$5,742			
Arkansas	435,880	16.3%	\$2,082,749,809	\$4,778			
Louisiana	597,485	13.4%	\$4,383,213,203	\$7,336			
Mississippi	413,900	14.5%	\$2,247,917,430	\$5,431			
Texas	2,223,175	10.6%	\$14,537,817,250	\$6,539			
United States	39,140,386	13.6%	\$214,867,632,778	\$5,490			

Source: Morgan, K.O. and Morgan, S (Eds.). 2002. Health Care State Rankings 2002: Health Care in the 50 United States. (10th Ed.) Lawrence, KS: Morgan Quitno Press.

	Medicare Statistics						
	Louisiana, Neighboring States, and United States, Fiscal Year 2000-2001						
	Percent of Medicare Enrollees Percent of Medicare Benefits Paid Percent of Medicare Benefits Paid						
	In Managed Care Programs through Managed Care through Fee for Service Plans						
	2001 2000 2000						
Alabama	7%	8.4%	91.6%				
Arkansas	4%	4.0%	96.0%				
Louisiana	14%	15.9%	84.1%				
Mississippi	1%	0.4%	99.6%				
Texas	11%	14.3%	85.7%				
United States	16%	18.5%	81.5%				

Source: Morgan, K.O. and Morgan, S (Eds.). 2002. Health Care State Rankings 2002: Health Care in the 50 United States. (10th Ed.) Lawrence, KS: Morgan Quitno Press.



F. Provider Sites

The following pages describe the various health care facilities available to the public throughout the state of Louisiana. These facilities include the state charity hospital system, small rural and community hospitals, public health clinics, rural health clinics, Federally Qualified Health Centers (FQHCs), developmental centers, mental health clinics, mental health and rehabilitation hospitals, and substance abuse prevention clinics. Other programs such as school-based health centers, community care, and health maintenance organizations (HMOs) also are discussed.

State Charity Hospitals

The Louisiana charity hospital system currently is being operated by the LOUISIANA STATE UNIVERSITY MEDICAL CENTER. The first Charity Hospital (in New Orleans) was built in 1736. The system was expanded across the State during the administration of Governor Huey Long. Two new medical centers were added in 1978 and 1993, and two were rebuilt in the late 1970s.

Most of the charity hospitals are teaching hospitals used to train medical school, graduate, and postgraduate students from the Louisiana State University (LSU) Schools of Medicine and Nursing, as well as other professional educational institutions.

Small Rural and Community Hospitals

Louisiana has a number of very small rural and community hospitals, some publicly and some privately owned. Eight of the State's sixty-four parishes do not have a hospital. As part of the move toward managed care, some of the small rural hospitals and the charity hospitals have begun to formalize their long-standing links with the primary care clinics in their regions.

In its Rural Health Care Initiative, the State has appropriated money to support small rural hospitals suffering financial distress. This support has taken the form of grants provided to 34 small rural hospitals (less than 60 beds) for a variety of projects. For example, last year the State awarded grants to a number of these hospitals for the purchase of updated emergency room equipment and physician coverage for the emergency room. Without such support, some of these hospitals would have had to close their emergency rooms.



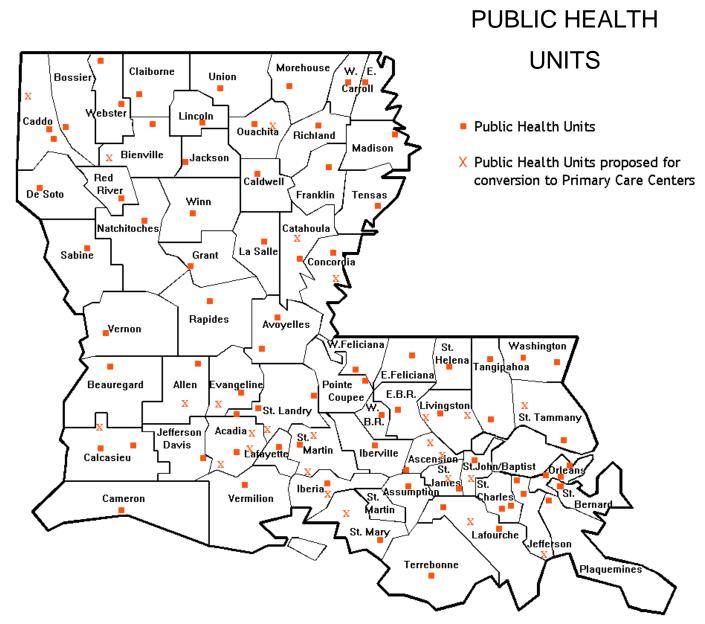


Source: Louisiana Office of Primary Care and Rural Health



Public Health Clinics

LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH, currently operates parish health units/clinics (see map below) that provide services in the following areas: immunization, family planning, prenatal care, newborn screening for genetic disorders, well-baby care, nutrition therapy, individual nutrition counseling, genetic evaluation and counseling, early intervention services for individuals infected with HIV, health education, and testing and monitoring of infectious diseases (e.g., tuberculosis, sexually transmitted diseases/HIV/AIDS).

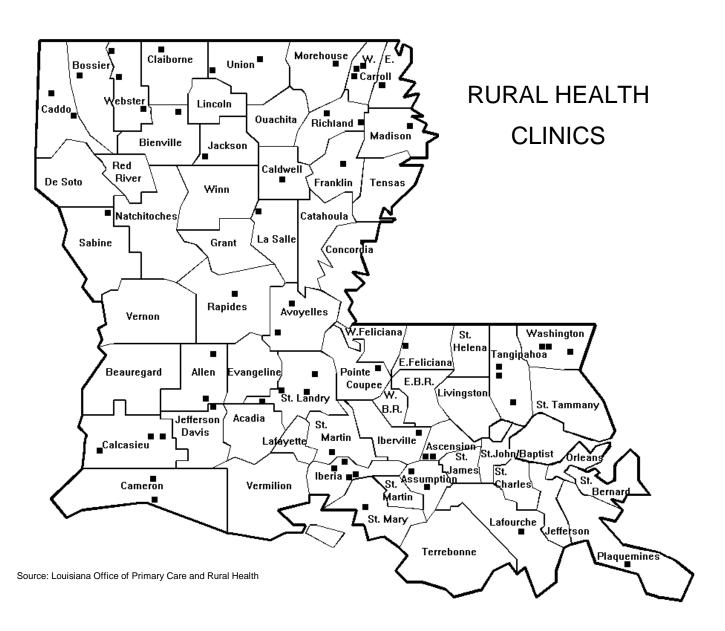


Source: Louisiana Office of Public Health, Health Resource Management



Rural Health Clinics

Louisiana has 86 federally designated rural health clinics. These are clinics operating in a rural area designated as "medically underserved" or as a "Health Professional Shortage Area (HPSA)." Rural health clinics must be staffed by one or more physicians <u>and</u> one or more mid-level practitioners, such as physician assistants, nurse practitioners, or certified nurse midwives. Clinics must provide routine diagnostic services, maintain medical supplies, dispense drugs, and have arrangements with local hospitals and other providers for services not available at the clinic.





CommunityCARE

<u>CommunityCARE</u> is a system of comprehensive health care based on primary care case management (PCCM). <u>Community Care</u> was initially implemented in 20 rural pairshes throughout the state (see map on following page) under a Medicaid 1915 (b) waiver from the federal government, the program is designed to meet the needs of the rural population. It is a freedom of choice waiver program that must demonstrate cost effectiveness. The program links Medicaid recipients in designated parishes with a physician, clinic, Federally Qualified Health Center (FQHC), or rural health clinic that serves as the primary care physician (PCP).

The PCP may be a family practice doctor, internist, pediatrician, rural health clinic, or federally qualified health center. The PCP has total responsibility for managing all facets of the recipient's health care, including education, prevention, maintenance, and acute care. Referral for specialty services is an integral component of <u>CommunityCARE</u>.

The program has been operational in twenty rural parishes for 10 years. DHH is now expanding this program statewide on a region-by-region basis. By December 2003, the program will be operational in all regions of the state. This program will link approximately 620,000 (84%) of Louisiana's Medicaid patient to "medical homes" where they will have primary care doctors (PCPs) to coordinate their care. PCPs are paid a primary care management fee of \$3.00 each month for each CommunityCARE recipient for whom they manage care, in addition to the normal fee-for-service reimbursement from Medicaid for services rendered. Without prior authorization or post-emergency authorization from the PCP, Medicaid will not reimburse for services beyond the PCP.

Federally Qualified Health Centers (FQHC)

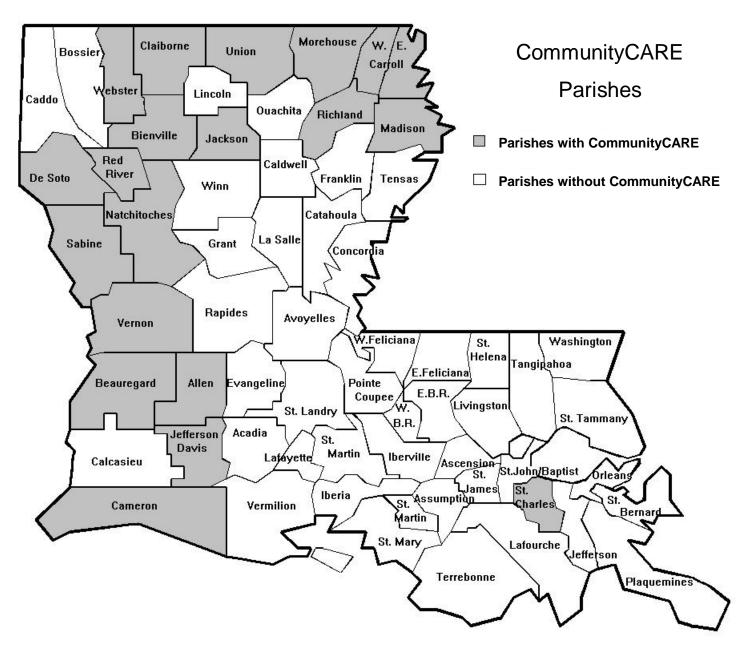
Louisiana has 12 grantees for community health centers delivering service to 22 sites that are federally supported through grants from the U.S. Public Health Service. An FQHC (also known as a Community Health Center) is a freestanding health clinic that provides comprehensive preventive and primary care services. In addition to primary care physicians and support staff, FQHC staff may include advanced nurse practitioners, physician assistants, and dentists. Centers also may have social workers or counselors, and there is a growing trend to include psychologists and other mental health and substance abuse professionals. Services most commonly provided at these centers include preventive health services, well-child services, acute care, perinatal care, family planning, diagnostic laboratory and radiological services, emergency medical services, transportation services, preventive and restorative dental services, and pharmaceutical services.

Several of the FQHCs have formed innovative clinic-based health care networks of both publicly and privately owned entities. The clinic itself offers comprehensive primary care services through private



physicians and other providers on a contractual basis. The FQHC shares staff with the OFFICE OF PUBLIC HEALTH'S parish health units and receives referrals from them. The staff at the clinics have formal admitting privileges with private hospitals in the network and informal admitting privileges at some of the charity hospitals in their respective areas. The FQHCs also refer patients to the hospital for sub-specialty clinic or inpatient services.

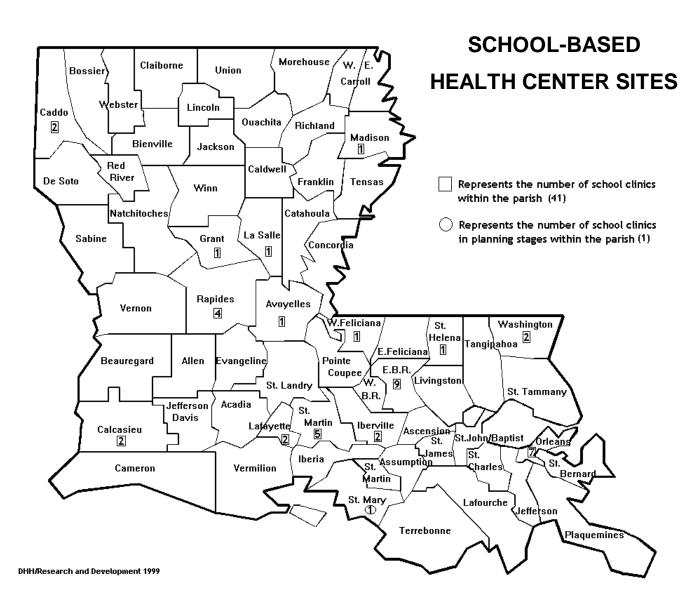
Major health professional education institutions have formal relationships with some of the FQHCs. The relationship involves staffing residents and interns at the clinic for training purposes. Clinic training also is provided to students of a local nursing school and LPN school. Some training also is provided to high school students to encourage them to enter health care professions.





School-Based Health Centers

The centers primarily serve low-income adolescents in rural and medically under-served urban areas. The centers offer primary and preventive physical and mental health care, including health education and counseling services. Each center is staffed at a minimum by a part-time physician, a full-time nurse practitioner or registered nurse with adolescent experience, and a master's level mental health counselor. These centers have been immensely popular with the high-risk adolescent population.



Source: Louisiana Office of Primary Care and Rural Health



Developmental Centers

Services and supports for individuals with mental retardation and developmental disabilities are provided by private provider agencies through contractual agreements, as well as through Louisiana's nine developmental centers, which provide 24-hour care and active treatment (see map below). The broad range of services provided includes case management, diagnosis and evaluation, early intervention/infant habilitation, respite, family support, vocational and habilitative services, and residential services (community homes, supervised apartments, and supportive living).





Mental Health Clinics

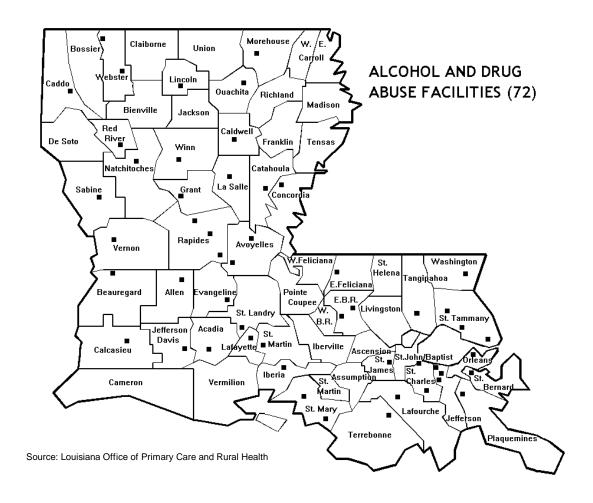
LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF MENTAL HEALTH, either directly or through partnerships with private and university resources, provides an array of community-based and hospital-based services, the range of which is consistent with national models for public mental health care for individuals with serious mental illnesses. Statewide there currently are 43 community mental health centers, 33 outreach sites, 7 acute treatment units, 5 intermediate/long-term care hospitals, and 1 forensic hospital (see map below). Major service components include crisis response programs, assertive community treatment, family or consumer respite care, traditional clinic-based services, community forensic interventions, hospital-based inpatient intensive and intermediate units, case management, and rehabilitative services.





Substance Abuse Prevention Clinics

Louisiana's Department of Health and Hospitals, Office for Addictive Disorders, through contracts or through an array of community-based and residential programs, provides services and continuity of care for the prevention, diagnosis, treatment, rehabilitation, and follow-up care of alcohol and other drug abuse diseases (see map below). This system is composed of nine treatment delivery regions, 27 outpatient clinics, 23 satellite clinics, four detoxification centers, eight residential facilities, and one pre-release program for adult incarcerated substance abusers.





Existing Health Maintenance Organizations

Louisiana currently has 14 licensed health maintenance organizations operating in the State. Under State insurance law, an HMO is defined as any plan delivering basic health benefits for a prepaid fee. Most of the State's HMOs are composed of independent physicians practicing alone or in small medical groups. According to *Health Care State Rankings* 2002⁶, as of 2001, approximately 695,583 (15.6%) Louisianians were enrolled in health maintenance organizations.

In addition to HMOs, the LOUISIANA MANAGED HEALTH CARE ASSOCIATION lists as members preferred provider organizations (PPOs) and several physician hospital networks (PHOs) operating in the state.

G. Inventory of Providers

Number of Primary Care Physicians by Specialty and Parish							
Louisiana, 2002							
	Family	General	Infectious	Internal	Obstetrics &		
Parish	Practice	Practice	Disease	Medicine	Gynecology	Pediatrics	Total
Acadia	15	3	0	7	3	5	33
Allen	5	1	0	2	0	3	11
Ascension	9	6	0	12	0	4	31
Assumption	4	2	0	0	0	0	6
Avoyelles	9	5	0	3	0	0	17
Beauregard	9	0	0	4	3	1	17
Bienville	1	0	0	1	0	0	2
Bossier	18	2	0	31	11	10	72
Caddo	74	9	2	238	54	82	459
Calcasieu	58	9	0	64	29	23	183
Caldwell	4	0	0	3	0	1	8
Cameron	1	0	0	1	0	0	2
Catahoula	2	1	0	0	0	0	3
Claiborne	6	1	0	1	0	1	9
Concordia	4	1	0	4	2	0	11
DeSoto	1	3	0	1	2	1	8
East Baton Rouge	102	44	1	220	85	103	555
East Carroll	2	0	0	1	0	0	3
East Feliciana	6	7	0	1	1	0	15
Evangeline	7	8	0	10	4	3	32
Franklin	3	0	0	1	0	0	4
Grant	3	1	0	0	1	0	5
Iberia	17	10	0	15	9	13	64
Iberville	7	2	0	7	2	3	21
Jackson	1	0	0	4	0	1	6
Jefferson	59	32	5	357	101	131	685
Jefferson Davis	3	5	0	7	2	2	19
Lafayette	42	16	0	95	41	42	236
Lafourche	23	7	0	23	11	8	72
LaSalle	2	2	0	3	0	0	7
Lincoln	6	2	0	12	3	3	26

⁶Morgan, K.O. and Morgan, S. (Eds.) 2002. Health Care State Rankings 2002: Health Care in the 50 United States. (10th Ed.) Lawrence, KS: Morgan Quitno Press.

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Number of Primary Care Physicians by Specialty and Parish								
Louisiana, 2002								
	Family	General	Infectious	Internal	Obstetrics &			
Parish	Practice	Practice	Disease	Medicine	Gynecology	Pediatrics	Total	
Livingston	9	1	0	1	0	1	12	
Madison	0	2	0	1	0	1	4	
Morehouse	7	4	0	5	3	2	21	
Natchitoches	5	4	0	8	4	7	28	
Orleans	65	30	3	457	118	210	883	
Ouachita	43	14	1	79	19	35	191	
Plaquemines	3	2	0	2	0	0	7	
Pointe Coupee	9	3	0	2	1	0	15	
Rapides	42	3	0	70	18	30	163	
Red River	2	1	0	2	0	1	6	
Richland	7	2	0	4	2	0	15	
Sabine	3	2	0	7	0	0	12	
St. Bernard	1	2	0	18	1	3	25	
St. Charles	4	1	0	4	0	4	13	
St. Helena	2	2	0	0	0	0	4	
St. James	6	0	0	3	1	2	12	
St. John	7	1	0	9	4	2	23	
St. Landry	24	8	0	21	11	14	78	
St. Martin	5	1	0	1	0	0	7	
St. Mary	13	2	0	8	7	4	34	
St. Tammany	38	9	1	130	35	56	269	
Tangipahoa	20	6	0	27	9	10	72	
Tensas	0	2	0	0	0	0	2	
Terrebonne	10	8	0	33	15	16	82	
Union	1	4	0	4	0	0	9	
Vermilion	5	5	0	5	2	4	21	
Vernon	3	2	0	8	1	2	16	
Washington	10	8	0	9	2	2	31	
Webster	11	4	0	5	4	2	26	
West Baton Rouge	4	0	0	0	0	0	4	
West Carroll	1	1	0	2	0	1	5	
West Feliciana	3	1	0	2	0	1	7	
Winn	2	2	0	2	0	1	7	
Total	868	316	13	2057	621	851	4726	

Source: Louisiana Board of Medical Examiners, January 2002



Selected Mental Health Professionals by Parish Louisiana, 2001					
Parish	Psychiatrists	Social Workers*			
Acadia	2	7			
Allen	0	5			
Ascension	1	18			
Assumption	0	1			
Avoyelles	0	10			
Beauregard	0	6			
Bienville	0	2			
Bossier	3	30			
Caddo	42	151			
Calcasieu	14	86			
Caldwell	0	2			
Cameron	0	0			
Catahoula	0	0			
Claiborne	0	2			
Concordia	0	4			
DeSoto	1	4			
East Baton Rouge	48	541			
East Carroll	0	1			
East Feliciana	4	12			
Evangeline	0	2			
Franklin	0	0			
Grant	0	4			
Iberia	2	15			
Iberville	1	10			
Jackson	0	3			
Jefferson	68	357			
Jefferson Davis	1	4			
Lafayette	23	165			
Lafourche	2	23			
LaSalle	0	1			
Lincoln	1	14			
Livingston	0	24			
Madison	0	2			
Morehouse	0	2			
Natchitoches	2	14			
Orleans	173	719			
Ouachita	18	94			
Plaquemines	2	3			
Pointe Coupee	0	2			
Rapides	22	115			
Red River	0	2			
Richland	0	4			
Sabine	0	1			
St. Bernard	0	13			
St. Charles	2	15			
St. Helena	0	1			
St. James	1	4			
St. John	0	11			
St. Landry	1	22			
St. Martin	0	3			
St. Mary	0	8			



Selected Mental Health Professionals by Parish					
Louisiana, 2001					
Parish	Psychiatrists	Social Workers*			
St. Tammany	34	186			
Tangipahoa	3	58			
Tensas	0	0			
Terrebonne	7	32			
Union	0	9			
Vermilion	1	14			
Vernon	1	6			
Washington	2	13			
Webster	0	8			
West Baton Rouge	0	2			
West Carroll	0	1			
West Feliciana	0	9			
Winn	0	2			
Total	482	2879			

^{*}Licensed and residing in Louisiana. Social workers are not required to have a license to work in Louisiana through contract or in private practice.

Sources: Louisiana Board of Medical Examiners, January 2001 Louisiana Board of Certified Social Work Examiners, 1998-1999



H. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)

Health Professional Shortage Area (HPSA) designations identify areas, populations, or facilities where a lack of providers poses serious barriers to adequate health care. The equitable geographic distribution of health care resources has long been recognized as a problem in the United States, and particularly in the state of Louisiana. Adequate access to health services for all citizens is an important objective of current state and federal policy. Availability of an adequate supply and distribution of health professionals is essential to the ability to access basic health care services, regardless of ability to pay. The redistribution of the supply of health professionals, particularly primary care providers, through the designation of health professional shortage areas (HPSAs) is one method used to attain this goal.

HPSA designations are used to create incentives to improve the distribution and the number of primary care providers in the most critical shortage areas. The HPSA designation methodology was developed to determine exactly where shortages exist, in order to define those areas eligible for participation in the incentive programs. There are approximately 40 federal programs utilizing HPSA designations, some of which are listed below.

Designation requests and reviews are the responsibility of the DHH, OPH, HEALTH RESOURCE MANAGEMENT staff. After review and analysis, the designation studies and recommendations are forwarded to the Division of Shortage Designation in the Federal Bureau of Primary Health Care for determination. Designations of Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) also provide opportunities for improved distribution of health care resources and improved access. The designation process is similar to the HPSA process described previously.

The following are examples of federal programs utilizing HPSA designations:

- ? Department of Family Medicine
- ? Grants to Predoctoral Training in Family Medicine
- ? Grants for Residency Training in General Internal Medicine/General Pediatrics
- ? Grants for Physician Assistant Training Program
- ? Grants for Preventive Medicine Training
- ? Nurse Practitioner and Nurse-Midwifery Programs
- ? Nurse Anesthetist Traineeships
- ? J-1 Visa Waiver Program
- ? Community and Migrant Health Program
- ? Grants for Graduate Training in Family Medicine
- ? Grants for Predoctoral Training in General Internal Medicine/General Pediatrics
- ? Rural Health Programs



- State Health Programs
- Allied Health Traineeships
- Allied Health Project Grants
- Professional Nurse Traineeships
- Grants for Nurse Anesthetist Faculty Fellowships
- 10% Medicare Bonus Program National Health Service Corps
- Grants for Faculty Development in Family Medicine
- Grants for Faculty Development in General Medicine/General Pediatrics
- Grants for Physician Assistant Faculty Development
- Podiatric Primary Care Residency Training
- Advanced Nurse Education
- Nurse Anesthetist Education Program
- Residency Training and Advanced Education in the General Practice of Dentistry

